

Town of Moultonborough

Date Received by Health Department _____

(FEE \$45.00)

The undersigned owner(s) or authorized agent(s) request approval to: (please check one)

_____ Construct New / Enlarge Existing.

_____ Repair / Replace Existing System in kind. Before any work takes place, a soils report from a licensed Septic System Designer must accompany this request, to confirm that the replacement system will be a least 24" above the seasonal high water table. (Provide sketch with ties off house after installation).
Previous Construction Approval No. (where Applicable) _____

_____ Tank Replacement Only (NO FEE) The Septic tank may be replaced with a new tank of equal size or larger in the same general location. Provide a sketch of the new tank and it's location on the back of this form and return it to this office.

Individual Sewage Disposal System on a parcel of land located in the Town of Moultonborough

Tax Map # _____

Tax Map Lot # _____

Subdivision # _____

Name and Address of all Current Owners of Record:

Name and Address of Authorized Agent (may be System Designer)

Attach a letter of Authorization to this form.

Attach a copy of State Subdivision Approval to this plan or display Subdivision Approval Number in a prominent place on the Design Plan, if required.

The undersigned hereby applies for approval of said Individual Sewage Disposal System by the Health Officer, Town of Moultonborough, NH prior to approval by the Department of Environmental Services, State of New Hampshire and agrees with the Town that upon approval of the final plan by both the Town and State of New Hampshire, to install the system according to the design plan and State and Local requirements.

Under penalty of perjury I / We represent that to the best of my / our knowledge, this information given above to be true and correct, it is understood that an approval based on incorrect data is subject to revocation by the Health Officer, Selectmen, or their authorized agents. Positive proof of ownership of the parcel upon which the system is to be placed, or proof of executed easements if leach field is to be located on property other than the owners must accompany this application.

Date: _____ Signed: _____